

# Medical evidence including fit notes

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## Self-certification

A self-certificate is a declaration made by the claimant that they have a health condition or disability which limits their capability for work. Self-certification is the minimum acceptable evidence required for up to the first 7 days that a claimant is unfit for work.

For any further days the claimant is unfit for work they must provide [acceptable medical evidence](#), if they have not already done so.

The self–certification is reported on the claimant’s online account, over the phone or face to face. In exceptional circumstances, other forms of communication are acceptable, if a claimant has an accessibility requirement.

To prevent the claim being delayed, claimants providing self-certification verbally or on a note on the journal, must be told to complete a declaration on the service as well.

It must include information about their condition or disability and the date they have been unfit for work from. It may also include that they expect to continue to be unfit for work. Alternatively, the claimant may provide acceptable medical evidence.

From the eighth day the claimant is unfit for work, after the period of self-certification expires, the claimant or their representative must provide acceptable medical evidence.

## Acceptable medical evidence

Medical evidence includes a:

- [Statement of Fitness for Work](#)
- [doctor's letter](#)
- [terminally ill form - DS1500](#)
- [hospital inpatient form - Med10](#)
- [psychiatric hospital admission form](#)
- [hospital discharge letter](#)
- [private medical certificates](#)
- [Other evidence](#)

This list is not exhaustive and any evidence provided by the claimant must be considered.

### **Statement of Fitness for Work**

The Statement of Fitness for Work (SoFfW), is the most common form of evidence. It is also known as a:

- fit note
- med 3
- sick note
- med cert
- doctor's note

Throughout the guidance and from this point onward the SoFfW will be referred to as a fit note.

### **Medical evidence verification**

On receipt of medical evidence staff must make sure it is genuine by checking it is:

- the original
- stamped and signed and dated by the doctor or surgery
- covers the dates reported by the claimant

If the form is electronically produced it must have a valid Quick Response (QR) or bar code and unique serial number.

Staff must not reject the medical evidence if, the condition reported on the service does not match the condition on the medical evidence. It is the responsibility of the claimant to ensure the information reported is accurate.

A fit note can be issued by any doctor. Those issued by other healthcare professionals or administrators cannot be accepted.

A fit note may be electronic or hand written, and will contain the following information:

- the patients name
- the date of the doctor's assessment on which the fit note is based
- the condition, the doctor advises is making the patient not fit for work
- a statement where appropriate that the patient may be fit for work taking account of the advice given
- a statement that the doctor will or will not, need to assess the patient's fitness for work again
- the date on which the fit note was given
- the address of the doctor
- the doctor making the statements signature in ink, a wet signature

A wet signature is one written in pen and not by a computer. However if the signature is written in pen and then scanned into a computer it is still a wet signature.

### **The period covered by the fit note**

The fit note will state the minimum period the claimant may be or will not be fit for work. This must not exceed thirteen weeks in the first six months of a condition – this may have started prior to the start of the claim.

The doctor may put “an indefinite period” rather than specify a period. This may happen if all the following apply:

- the claimant is not likely to be fit for work in the future
- on the doctor’s advice, they have not worked for at least the six months immediately before the assessment

### **Not fit for work**

The doctor will describe to the best of their knowledge exactly what the condition is that is making the claimant not fit for work.

### **May be fit for work**

Where it states ‘may be fit for work’ the doctor will put the reason why and where appropriate what circumstances or arrangements the claimant and employer might agree so the claimant could return to work earlier. The doctor might state, no heavy lifting for a specified period of time or a phased return to work.

May be fit for work should not be taken to mean not fit for work. Staff must consider how the claimant’s conditionality can be tailored to meet their circumstances.

This includes:

- considering types of work, including a different occupation
- considering work related activity that doesn’t involve anything the doctor has advised against
- work place adjustments which would mean a particular type of work could reasonably be considered

### **Medical Evidence following Work Capability Assessment**

Fit notes are not required after a WCA decision has been made. Only where the claimant’s condition has worsened or a new condition has been reported do DWP need another fit note.

## **Other forms of acceptable medical evidence**

### **A Doctor's letter**

A claimant might produce a letter from their doctor, consultant or other medical practitioner confirming a health condition or disability which limits the amount, type and duration of the work they can do.

This is most likely where an in-work claimant's capability to work is restricted, not prevented, by a manageable condition or disability and a fit note would not be suitable.

### **Terminally ill form**

The terminally ill form - DS1500, may also be referred to as the 'Doctor's report for Disability Living Allowance, Attendance Allowance or Incapacity Benefit to accompany your patients claim under special rules'.

The DS1500 is issued when a person is diagnosed as terminally ill and not expected to live for more than six months. For further information, see Terminal Illness

It can be completed by a doctor, other health care professional or Macmillan nurse.

The DS1500 must contain details of:

- the diagnosis
- whether the patient is aware they are terminally ill
- if unaware, the name and address of the patient's representative who requested the DS1500
- the current and proposed treatment
- the clinical findings

A DS1500 can be requested and provided directly to DWP by:

- the claimant
- the claimants representative
- a third party supporting the claimant such as a general practitioner or Macmillan

Where the claimant is unaware of their terminal illness it is important that DWP does not disclose:

- if a DS1500 has been requested or completed on their behalf by a general practitioner or a third party
- about their condition or prognosis

The above enables the DS1500 to be processed and the additional amount for having limited capability for work and work related activity (LCWRA) to be awarded from day 1 where applicable. For further information, see: Adding limited capability for work (LCW) or LCWRA when additional Universal Credit for caring LCW or LCWRA exist.

Once the DS1500 is received and the diagnosis and date of diagnosis recorded, the DS1500 is sent to Personal Independent Payment (PIP) using the email DWP BD Disability Performance and Products Team.

For existing claims the claimant will be eligible for the additional amount for having LCWRA from the date of the diagnosis and for a new claim from the first date of the claim. In both situations the claimants will be eligible for the LCWRA additional amount from the first day of the assessment period.

If a DS1500 is provided after the Day 1 referral has begun, it should be faxed to the Centre of Health and Disability Assessment (CHDA).  
For further information see Terminal Illness.

### **Hospital inpatient form**

The Hospital inpatient form, Med 10, is a hospital statement issued to show the date or dates a claimant was an inpatient in hospital.

The Med10 must be signed by a hospital staff member and not cover a period of more than 26 weeks. If required a fit note will be provided, with the Med 10 for any forward period of incapacity, on leaving hospital.

The Med10 is accepted like a fit note as it will state the period of the health condition or disability it covers.

### **Psychiatric hospital admission form**

The psychiatric hospital admission form is issued by a psychiatric hospital when a claimant is admitted.

### **Hospital discharge letter**

Can be provided as evidence of a health condition in a claim for backdating.

### **Private Medical Certificates**

Private Medical Certificates might be provided by a private General Practitioner, either:

- one that's physically present when they assess the claimant
- an online General Practitioner service
- at a private hospital

These may be presented as medical evidence.

Private medical certificates includes "Push Doctor" or similar online organisations medical certificates. If a "Push Doctor" type medical certificate is provided by a claimant it is treated as a private medical certificate.

These can be accepted instead of a fit note only if they have been signed by a doctor with a [wet signature](#). The DWP does not accept any form of medical evidence not issued by a registered doctor. It must contain all the information included on the fit note.

## **Other Evidence**

Where a Local Authority issues a notice requiring the claimant not to work because they have a notifiable disease or have been in contact with a relevant infection or contamination, they will get a day 1 Work Capability Assessment referral.

Where the claimant gets a Local Authority notification, they must provide a fit note and follow the health journey.

## **Receipt of the Medical evidence**

Claimants seen face-to-face will be reminded to provide a fit note, if they have not already done so on or after day eight of their health condition.

Where a telephone interview is booked, the claimant must bring or send the medical evidence into the Jobcentre, if they have not already done so.

Where medical evidence is handed in, at the Jobcentre, staff must take action on the service straight away or photocopy it to action later. The evidence is then returned to the claimant. An appointment must not be booked for the claimant to verify the evidence at that point.

Where the evidence is provided by post the relevant verification action is taken and the evidence returned to the claimant by post.